

However, oxytocin remains the first-line drug as it is more effective than misoprostol. It should be noted that the misuse of oxytocin is the biggest single cause of intrapartum complications. Its abuse by overdosage is implicated in two-thirds of medicolegal cases resulting in suboptimal outcomes,<sup>1</sup> in two-thirds of cases of severe asphyxia,<sup>2</sup> and, more recently, in half of cases resulting in abnormal cord blood gases.<sup>3</sup>

The overenthusiastic use of oxytocin is dangerous. The overenthusiastic use of misoprostol is equally dangerous and the guidelines as to its proper use do not guarantee safety. There are other, safer ways of inducing labor using balloon catheters.<sup>4</sup>

*First, do no harm* should be the priority high in our thoughts when using these powerful agents.<sup>5</sup> ■

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## Chronic Pain

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### Treating Chronic Pelvic Pain

Reviewed by Athol Kent, MBChB, MPhil, FRCOG

Department of Obstetrics & Gynaecology, University of Cape Town, Rondebosch, South Africa

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#### Laparoscopic Uterosacral Nerve Ablation for Alleviating Chronic Pelvic Pain: A Randomized Controlled Trial

Daniels J, Gray R, Hills RK, et al; on behalf of the LUNA Trial Collaboration.

*JAMA*. 2009;302:955-961.

Chronic pelvic pain is a major problem in gynecology. By definition it is said to occur if it has been present for at least 6 months and has no “actionable” pathology as

proven by laparoscopy and/or ultrasound. It can be constant or cyclical and can be associated with menstruation or intercourse. It is common, occurring as frequently as asthma or back pain and it significantly reduces a woman's quality of life.

Pelvic somatic pain is thought to be conveyed through nerve complexes and parasympathetic ganglia in the uterosacral ligaments. Theoretically, ablation of those nerve trunks by laser or electrodiathermy should offer pain relief. The procedure is called *laparoscopic uterosacral nerve ablation* (LUNA). It has become widely used as a complement to diagnostic laparoscopy, but its efficacy has never been tested by a randomized trial. The publication of the LUNA Trial Collaboration conducted in 18 UK hospitals now makes good this deficit in our knowledge.

The researchers allocated nearly 500 women to LUNA or no LUNA at the time of laparoscopy without disclosing to the patients whether they had received the ablation. All participants were followed up on 6 occasions over the next 5 years. There was an initial general improvement over the first 6 months in both groups that the authors attribute to the reassurance derived from being told that no serious cause had been found for their pain. Thereafter, no differences were found in pain relief or quality of life in the women who had the LUNA procedure compared with those who did not—in any of the multiple analyses at any time duration.

This is an important negative finding as LUNA is not without risks and costs. It is hoped that these results will discourage the use of a potentially dangerous manoeuvre that has no scientific proof of benefit. ■

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## Oral Contraceptives

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### Pregnancy Rates After Oral Contraceptive Use

Reviewed by Athol Kent, MBChB, MPhil, FRCOG

Department of Obstetrics & Gynaecology, University of Cape Town, Rondebosch, South Africa

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#### Rate of Pregnancy After Using Drospirenone and Other Progestin-Containing Oral Contraceptives

Cronin M, Schellschmidt I, Dinger J.

*Obstet Gynecol*. 2009;114:616-622.

There are many anecdotal stories about rebound or delayed fertility after stopping oral contraceptives (OCs). The low estrogen dosages and newer progestins all have excellent contraceptive profiles and cycle control, and a large European study confirms their safety in terms of post-OC fertility.

Cronin and colleagues tracked nearly 60,000 OC users, including those on drospirenone pills, for their satisfaction with their contraceptive efficacy and their chances of pregnancy after discontinuing OC use. About 20% achieved a pregnancy in their first cycle after cessation and 80% after 1 year, irrespective of the type of OC used. These data are comparable to women wishing to conceive but not having been on OCs. Naturally, women are older when they stop contraception than when they started and age does have an effect on fecundity. OC use does not positively or negatively affect age-appropriate fertility. ■

## Osteoporosis

### Approaches to Treating Osteoporosis

Reviewed by Athol Kent, MBChB, MPhil, FRCOG

*Department of Obstetrics & Gynaecology, University of Cape Town, Rondebosch, South Africa*

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#### Denosumab in Men Receiving Androgen-Deprivation Therapy for Prostate Cancer

Smith MR, Egerdie B, Hernández Toriz N, et al.; Denosumab HALT Prostate Cancer Study Group.

*N Engl J Med.* 2009;361:745-755.

#### Denosumab for Prevention of Fractures in Postmenopausal Women With Osteoporosis

Cummings SR, San Martin J, McClung MR, et al; FREEDOM Trial.

*N Engl J Med.* 2009;361:756-765.

### Increasing Options for the Treatment of Osteoporosis

Khosla S.

*N Engl J Med.* 2009;361:818-820.

Bone mineral density depends on the balance between osteoblast and osteoclast activity. Osteoblastic activity is a function of age and endogenous anabolic substances, but only 1 medication marketed for osteoporosis works by stimulating new bone formation: the parathyroid hormone teriparatide.

All other drugs available commercially work by tempering osteoclast activity, which slows the resorptive process: the so-called antiresorptives, such as bisphosphonates; selective estrogen receptor modulators (SERMs); estrogens; and calcitonin.

Now another contender is being tested. The use of a human monoclonal antibody against a key molecule that mediates osteoclastic development, activity, and survival is being studied. It is called denosumab and neutralizes the receptor activator of nuclear factor  $\kappa$ B ligand (RANKL), thus slowing bone degradation. Trials in postmenopausal women and in men receiving androgen deprivation therapy for prostate cancer have shown denosumab to be effective in maintaining mineral density and preventing fractures.

The research is novel and follow-up is only 3 years, so problems with immune system side effects may yet surface. ■

## Miscellaneous

### Snippets

Reviewed by Athol Kent, MBChB, MPhil, FRCOG

*Department of Obstetrics & Gynaecology, University of Cape Town, Rondebosch, South Africa*

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#### Gum Chewing Stimulates Early Return of Bowel Motility After Caesarean Section

Abd-El-Maeboud KHI, Ibrahim MI, Shalaby DAA, Fikry MF.

*BJOG.* 2009;116:1334-1339.

Attitudes vary widely towards eating after a cesarean delivery. Routines include a spectrum of regimens from